

2023 - 2024

Benefits Guide



Choosing Your Insurance

- Plan Benefits at a Glance
- Premiums



Using Your Insurance

- Care Roadmap
- Exclusive Providers

Contact us

If you have questions regarding your THT plan, please visit ththealth.org/contact.



CALL US
(702)794-0272

Option 1:

Claims, details on plan coverage, and assisting finding an in-network provider.

Option 2:

Eligibility, plan selections, enrollment, premiums.



**VIRTUAL
ADVOCACY
MEETING**

Visit ththealth.org/meeting



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Log into your THT Member Portal and compose a message from the Message Center.
members.ththealth.org



WEBSITE

ththealth.org

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Choosing your Insurance

Research and select the perfect health plan options for you and your family using the guides below.



MEDICAL



DENTAL



VISION



LIFE



SUPPLEMENTAL

Medical Plan Side-By-Side Comparison

SIGNATURE PLAN

A traditional health plan with set copays, deductibles, and one of the largest medical networks. The Signature Plan provides more flexibility when picking a doctor or hospital.

- **\$500** Individual Deductible
- **\$1,500** Family Deductible
- **\$7,500** Individual Maximum OOP
- **\$15,000** Family Maximum OOP
- Free Preventative Care
- Virtual Care
 - **\$0** Copay
- Primary Care Office Visit
 - **\$15** Copay
- Mental Health Office Visit
 - **\$10** Copay
- Specialist Office Visit
 - **\$30** Copay
- Urgent Care Visit (in-home or office)
 - **\$30** Copay
- Emergency Room
 - **\$300** copay first visit (deductible applies)
 - **\$750** copay each visit thereafter

This plan is eligible for a Flexible Spending Account (FSA).

ADVANTAGE PLAN

A High Deductible Health Plan (HDHP) covers preventive services before deductible, while all other medical costs are your responsibility until the yearly deductible is fulfilled.

- **\$1,500** Individual Deductible
- **\$3,000** Family Deductible
- **\$7,000** Individual Maximum OOP
- **\$14,000** Family Maximum OOP
- Free Preventative Care
- Virtual Care
 - **\$0** Copay
- Primary Care Office Visit
 - **20% after deductible**
- Mental Health Office Visit
 - **20% after deductible**
- Specialist Office Visit
 - **20% after deductible**
- Urgent Care Visit (in-home or office)
 - **20% after deductible**
- Emergency Room
 - **20% after deductible**

This plan is eligible for a Health Savings Account (HSA) with tax advantages.

Signature Plan

MEDICAL | SUMMARY OF BENEFITS

Summary of Covered Medical Benefits	In-Area Network	Out-of-Area Network
PLAN YEAR DEDUCTIBLE Individual/Family	\$500/\$1,500	\$1,500/\$4,500
OUT-OF-POCKET MAXIMUM Medical and Pharmacy combined <small>Includes deductible, copays, and coinsurance</small>	\$7,500/\$15,000	\$7,500/\$15,000
PREVENTIVE CARE	Plan pays 100%	Plan pays 100%
PHYSICIAN SERVICES Primary Care Physician Behavioral Health Office Visits Physical Therapy Telehealth Specialist Urgent Care/CVS Minute Clinic Dispatch Health	\$15 copay \$10 copay \$10 copay Plan pays 100% \$30 copay \$30 copay \$30 copay	50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
QUEST DIAGNOSTICS Outpatient Clinical Lab Hospital Owned Lab All other lab facilities	\$0 copay 20% after deductible No benefit ¹	Not Applicable 50% after deductible 50% after deductible
STEINBERG DIAGNOSTIC Diagnostic X-Ray Imaging High Tech Services (CT, MRI, PET) All other imaging facilities	\$0 copay \$0 copay No benefit ²	Not Applicable Not Applicable 20% after deductible
HOSPITAL SERVICES Inpatient Outpatient	20% after deductible 20% after deductible	50% after deductible 50% after deductible
EMERGENCY ROOM³	\$300 copay for first visit after deductible \$750 copay for subsequent visits after deductible	\$300 copay for first visit after deductible \$750 copay for subsequent visits after deductible

(1) Services not available at Quest Diagnostics will have a \$0 copay. (2) Services not available at Steinberg Diagnostics will be 20% after deductible. (3) Copay is waived if admitted to the hospital. Out-of-Network emergency room care is covered as in-area network. Professional provider services (emergency-related or non-emergency) are 20% after deductible.

PHARMACY | SUMMARY OF BENEFITS

Summary of Covered Prescription Drug Benefits ¹	Home Delivery Service	Retail Network Pharmacy CVS, Walmart, Sam's Club, Smith's ²
Tier 1 — Generic	\$15 copay per 34-day supply ³ \$40 copay per 35+ day supply ³	
Tier 2 — Preferred Formulary Brand	25% of the cost, copay max of \$100 per 34-day supply 25% of the cost, copay max of \$300 per 35+ day supply	
Tier 3 — Non-Preferred Formulary Brand	40% of the cost, copay per 34-day supply 40% of the cost, copay per 35+ day supply	
Formulary Diabetic Supplies	\$0 copay (includes syringes needles, lancets, and test strips; limited to a quantity of 200 per 30-day supply)	
Summary of Covered Prescription Drug Benefits¹	Specialty Drugs⁴ (Up to a 30-day supply)	
Tier 1 — Generic	25% of the cost, up to \$500 max copay	
Tier 2 — Preferred Formulary Brand	25% of the cost, up to \$500 max copay	
Tier 3 — Non-Preferred Brand	40% of the cost, copay, per 30-day supply	

(1) Select products are eligible for a coinsurance assistance program. There is no copay for these products and they do not accumulate toward the out-of-pocket maximum. For more information contact THT at 702-794-0272, Option 1. (2) Prescriptions filled at pharmacies other than THT's Exclusive Network Retail Pharmacies will incur a \$10 per prescription choice fee in addition to applicable copays. The pharmacy choice fee does not accumulate toward your out-of-pocket maximum. (3) If the generic cost of the medication is less than the copay, the individual will be responsible for that lesser amount. (4) For more information about this service, please contact CerpaxRX at 844-622-1797.

Is the Signature Plan Right for Me?

THIS PLAN MAY BE A SUITABLE CHOICE IF:

You prefer the convenience of fixed copayments at the time of service.

You require frequent medical care, manage a chronic condition, or have a large family.

You have college-aged dependents and need to utilize out-of-area coverage benefits

WHAT TO CONSIDER BEFORE CHOOSING THIS PLAN:



PREDICTABLE COSTS

You will have a clear idea of the costs for visits and the medical service expenses within the network. This allows you to budget for your healthcare expenses effectively.



FLEXIBLE SPENDING ACCOUNT (FSA)

You are eligible to open an FSA account which allows you to contribute money pre-tax to pay for eligible out-of-pocket healthcare costs.



MORE FLEXIBILITY

There is no requirement to select a primary care provider (PCP). No referral is required to see a specialist provider (unless required by the specialist).



HIGHER PREMIUMS

Premiums for this plan are higher than the Advantage plan due to having a lower deductible and broader coverage outside of preventive care.

Flexible Spending Account (FSA)

An FSA is an employer account that allows employees to make pre-tax contributions and reimburse themselves for eligible medical expenses.



ELIGIBILITY

Any employee enrolled in the Signature Plan.



CONTRIBUTION

Contributions made to an FSA are deducted from your paycheck before taxes, reducing your taxable income. Moreover, withdrawals from an FSA for qualified expenses are tax-free. This can lead to significant tax savings throughout the year.



USING YOUR ACCOUNT

While there are certain guidelines about what can be considered a qualified expense, FSAs can be used for a variety of medical, dental, and vision expenses. This can include deductibles, copayments, prescription medications, and even some over-the-counter products.



UNUSED FUNDS

Depending on your employer's plan, some FSAs allow you to roll over a certain amount of unused funds to the next year.

Contact American Fidelity for more information and to open your Flexible Spending Account at 702-433-5333 or email: AFES-LasVegas@americanfidelity.com

Advantage Plan

MEDICAL | SUMMARY OF BENEFITS

Summary of Covered Medical Benefits	In-Area Network	Out-of-Area Network
PLAN YEAR DEDUCTIBLE Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
OUT-OF-POCKET MAXIMUM Medical and Pharmacy combined <small>Includes deductible, copays, and coinsurance</small>	\$7,000/\$14,000	\$7,000/\$14,000
PREVENTIVE CARE	Plan pays 100%	Plan pays 100%
PHYSICIAN SERVICES Primary Care Physician Behavioral Health Office Visits Telehealth Specialist Urgent Care CVS Minute Clinic	20% after deductible 20% after deductible Plan pays 100% 20% after deductible 20% after deductible 20% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
QUEST DIAGNOSTICS Outpatient Clinical Lab Hospital Owned Lab All other lab facilities	20% after deductible 20% after deductible 20% after deductible	50% after deductible 50% after deductible 50% after deductible
STEINBERG DIAGNOSTIC Diagnostic X-Ray Imaging High Tech Services (CT, MRI, PET) All other imaging facilities	20% after deductible 20% after deductible 20% after deductible	50% after deductible 50% after deductible 50% after deductible
HOSPITAL SERVICES Inpatient Outpatient	20% after deductible 20% after deductible	50% after deductible 50% after deductible
EMERGENCY ROOM	20% after deductible	20% after deductible

PHARMACY | SUMMARY OF BENEFITS

Summary of Covered Prescription Drug Benefits ¹	Home Delivery Service
Tier 1 — Generic	\$15 copay after deductible per 34-day supply ³ \$40 copay after deductible per 35+ day supply ³
Tier 2 — Preferred Formulary Brand	25% of the cost after deductible, copay max of \$100 per 34-day supply 25% of the cost after deductible, copay max of \$300 per 35+ day supply
Tier 3 — Non-Preferred Formulary Brand	40% of the cost after deductible, copay per 34-day supply 40% of the cost after deductible, copay per 35+ day supply
Formulary Diabetic Supplies	\$0 copay after deductible (includes syringes needles, lancets, and test strips; limited to a quantity of 200 per 30-day supply)
Summary of Covered Prescription Drug Benefits ¹	Specialty Drugs ⁴ (Up to a 30-day supply)
Tier 1 — Generic	25% of the cost after deductible, up to \$500 max copay
Tier 2 — Preferred Formulary Brand	25% of the cost after deductible, up to \$500 max copay
Tier 3 — Non-Preferred Brand	40% of the cost after deductible, copay, per 30-day supply

(1) Select products are eligible for a coinsurance assistance program. There is no copay for these products and they do not accumulate toward the out-of-pocket maximum. For more information contact THT at 702-794-0272. (2) Prescriptions filled at pharmacies other than THT's Exclusive Network Retail Pharmacies will incur a \$10 per prescription choice fee in addition to applicable copays. The pharmacy choice fee does not accumulate toward your out-of-pocket maximum. (3) If the generic cost of the medication is less than the copay, the individual will be responsible for that lesser amount. (4) For more information about this service, please contact CerpasRx at 844-622-1797.

Is the Advantage Plan Right for Me?

THIS PLAN MAY BE A SUITABLE CHOICE IF:

You're interested in using an HSA as a way to save or invest money with tax-deductible contributions.

You have the financial ability to pay your deductible upfront, even unexpected medical expenses.

You're generally in good health and seldom seek medical care for illnesses or injuries.

WHAT TO CONSIDER BEFORE CHOOSING THIS PLAN:



HEALTH SAVINGS ACCOUNT (HSA)

You can contribute to an HSA to pay for medical expenses, including the deductible and also provides tax advantages. Contributions are made with pre-tax dollars, which can reduce taxable income which allows you to set aside money on a pre-tax basis.



LOWER PREMIUMS

Your monthly premium contribution would be lower than the Signature Plan.



POTENTIAL COST SAVINGS

For those who don't use medical services frequently, the Advantage plan can result in overall cost savings due to the lower premiums, especially when combined with the tax advantages of an HSA.



HIGHER OUT-OF-POCKET COSTS

If you manage a chronic illness or seek frequent care beyond preventive visits, you may find yourself spending more out-of-pocket before the plan starts to cover costs.



FORESEEABLE HEALTH NEEDS

If you are considering surgery, expecting a baby, have children who play sports, or face a significant risk of injury, this plan could lead you to incur maximum out-of-pocket costs.



HIGH DEDUCTIBLE

Prescriptions, office visits, and diagnostic tests will be your responsibility in full until you've reached your deductible

Health Savings Account (HSA)

An HSA is an employee-owned savings account designed to help employees pay for eligible medical expenses tax free.



ELIGIBILITY

Any employee enrolled in the Advantage Plan. **Only those enrolled in the Advantage plan are eligible for an HSA.**



CONTRIBUTION

The employee may contribute to the HSA which is capped at \$4,150 (individual) and \$8,300 (family) for the 2024 tax year.



USING YOUR ACCOUNT

Funds from an HSA should be used towards medical expenses but may also be used for non-medical expenses. Participant must pay tax plus a 20% penalty for non-medical expenses. At age 65, funds may be used for non-medical expenses without incurring the 20% penalty.



UNUSED FUNDS

Unused funds may be carried over the following plan year. Money in your account may earn interest. Once your account reaches \$2,500, you can choose to invest it in various options.

Contact American Fidelity for more information and to open your Health Savings Account at 702-433-5333 or email: AFES-LasVegas@americanfidelity.com

Medical Premiums

The medical insurance costs per pay period (twice monthly) are provided below. These amounts are deducted from your paycheck on a pre-tax basis.

Note: The total premium may vary based on your selected dental and vision plans.

FULL-TIME LICENSED EMPLOYEES			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber Only	1	\$15	\$7.50
Subscriber + 1	2	\$125	\$115
Subscriber + Family 3	3-5	\$368	\$247.50
Subscriber + Family 6	6 or more	\$460.50	\$252.50

SHARED CONTRACT EMPLOYEES			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber Only	1	\$190.87	\$183.37
Subscriber + 1	2	\$300.87	\$290.87
Subscriber + Family 3	3-5	\$543.87	\$413.37
Subscriber + Family 6	6 or more	\$636.37	\$428.37

COBRA (MONTHLY)			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber Only	1	\$784.07	\$768.35
Subscriber + 1	2	\$1,267.16	\$1,246.20
Subscriber + Family 3	3-5	\$1,736.52	\$1,483.95
Subscriber + Family 5	6 or more	\$1,908.85	\$1,509.80

Payroll deductions for domestic partner coverage may not be taken from your paycheck on a pre-tax basis.

Medical Premiums (Dual District)

The medical insurance costs per pay period (twice monthly) are provided below. These amounts are deducted from your paycheck on a pre-tax basis.

Note: The total premium may vary based on your selected dental and vision plans.

LICENSED & LICENSED / LICENSED & ADMINISTRATOR			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber + 1	2	\$0	\$0
Subscriber + Family 3	3-5	\$61.50	\$61.50
Subscriber + Family 6	6+	\$107.50	\$107.50

LICENSED & SUPPORT			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber + 1	2	\$33.02	\$33.02
Subscriber + Family 3	3-5	\$94.52	\$94.52
Subscriber + Family 6	6+	\$140.52	\$140.52

LICENSED & POLICE			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber + 1	2	\$48.35	\$48.35
Subscriber + Family 3	3-5	\$109.85	\$109.85
Subscriber + Family 6	6+	\$155.85	\$155.85

SHARED LICENSED & LICENSED SHARED LICENSED & ADMINISTRATOR			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber + 1	2	\$175.87	\$175.87
Subscriber + Family 3	3-5	\$237.37	\$237.37
Subscriber + Family 6	6+	\$283.37	\$283.37

Medical Premiums (Dual District)

The medical insurance costs per pay period (twice monthly) are provided below. These amounts are deducted from your paycheck on a pre-tax basis.

Note: The total premium may vary based on your selected dental and vision plans.

SHARED LICENSED & SUPPORT			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber + 1	2	\$208.89	\$208.89
Subscriber + Family 3	3-5	\$270.39	\$270.39
Subscriber + Family 6	6+	\$316.39	\$316.39

SHARED LICENSED & POLICE			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber + 1	2	\$224.22	\$224.22
Subscriber + Family 3	3-5	\$285.72	\$285.72
Subscriber + Family 6	6+	\$331.72	\$331.72

SHARED LICENSED & SHARED LICENSED			
Coverage Level	Family Size	Signature Plan	Advantage Plan
Subscriber + 1	2	\$351.74	\$351.74
Subscriber + Family 3	3-5	\$413.24	\$413.24
Subscriber + Family 6	6+	\$459.24	\$459.24

Dental Plan Side-By-Side Comparison

CIGNA DENTAL CARE (HMO)

No annual maximum allowing, for peace of mind.

- Preventive Care **100%**
- **No Plan Year Maximum Limit**
- Cleanings
 - **2 per year**
- Braces
 - **No age limit**
- Sealants
 - **No age limit**
- Cavity Filling
 - **Basic 100% covered**
- Root Canal
 - **Basic 100% covered**
- Direct access to Pediatric & Orthodontists
- Emergency care is covered
- Teeth whitening
 - **2 per year with copay**

CIGNA DPPO (PPO)

Out-of-network coverage is available, providing more flexibility.

- Preventive care **100%**
- **\$1,500 Plan Year Maximum Limit**
- Cleanings
 - **2 per year**
- Braces
 - **Under 19 only**
- Sealants
 - **Under 19 only**
 - **1 treatment per tooth/24 months**
- Cavity Filling
 - **Basic 80% covered**
- Root Canal
 - **Basic 80% covered**
- Direct access to Pediatric & Orthodontists
- Emergency care is covered

Which Dental Plan Is Right for Me?



THE CIGNA DHMO PLAN CAN BE THE RIGHT CHOICE IF:

You seek dental care often

You or your dependents need orthodontia care

You're willing to make the switch to an in-network dentist

WHAT TO CONSIDER BEFORE CHOOSING A DHMO:



- NO DEDUCTIBLE
- NO PLAN YEAR MAXIMUM
- TEETH WHITENING COVERAGE
- NO ORTHODONTIA AGE LIMIT



- YOU MAY ONLY CHOOSE AN IN-NETWORK DENTIST
- REFERRALS REQUIRED FOR IN-NETWORK SPECIALISTS
- NO OUT-OF-NETWORK COVERAGE FOR NON-EMERGENCIES

The CIGNA DPPO PLAN can be the right choice if:

Your preferred dentist is out-of-network

You only need basic dental care

You prefer to see a specialist without a referral

WHAT TO CONSIDER BEFORE CHOOSING A DPPO:



- NO DEDUCTIBLE
- NATIONWIDE COVERAGE
- COVERAGE AVAILABLE FOR OUT-OF-NETWORK DENTISTS
- NO REFERRALS REQUIRED FOR SPECIALIST



- \$1,500 PLAN YEAR MAXIMUM
- ORTHODONTIA AGE LIMIT (19)
- NO TEETH WHITENING COVERAGE
- MAY NEED TO FILE YOUR OWN CLAIMS AND BE BALANCE BILLED FOR OUT-OF-NETWORK DENTISTS

Dental Plan Options

Overall good health includes a healthy mouth, gums and teeth. Gum disease can cause health conditions, like heart disease, stroke, diabetes and other diseases. Getting regular dental checkups can reduce your risk.

CIGNA DHMO

With the nation's largest network, our Dental HMO plan offers extensive benefits. Members, both children and adults, can take advantage of a one-time orthodontia treatment with no maximum, deductible, or annual cap. Additionally, there are no age limits on sealants. After enrollment, Cigna will reach out for you to select a contracted general dentist

CIGNA DPPO

Our Dental PPO plan provides both in-network and out-of-network benefits. Choosing an in-network provider can reduce your out-of-pocket costs. The plan features no deductible, a lifetime orthodontia maximum benefit of \$1,000 for children, and a yearly annual maximum benefit limit of \$1,500.

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions:

	Cigna DHMO Dental Care Plan In Network Only	Cigna DPPO Dental Plan In Network Out of Network ¹	
PLAN YEAR DEDUCTIBLE Individual/Family	\$0/\$0	\$0/\$0	
PLAN YEAR MAXIMUM	N/A	\$1,500	
PREVENTIVE CARE (Oral exams, cleanings, x-rays)	Refer to the Patient Charge Schedule (PCS) on ththealth.org/dental for a detailed list of covered services and the cost for each. For a list of cost estimates before you enroll, call Cigna at 800-564-7642. After you enroll, a PCS will be mailed to your home. You may also obtain the PCS by visiting mycigna.com or calling 800-244-6224.	Plan pays 100%	Plan pays 100%
BASIC SERVICES (Periodontal services, endodontic, services, oral surgery, fillings)		20%	20%
MAJOR SERVICES (Bridges, crowns, [inlays, onlays], dentures [full/partial])		40%	40%
TMJ APPLIANCE MAXIMUM LIFE BENEFIT		\$500	
ORTHODONTIA SERVICES		100%	
ORTHODONTIA LIFETIME MAXIMUM		\$1,000	

(1) If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balance-billing).

Dental Plan Premiums

The dental insurance costs per pay period (twice monthly) are provided below. These amounts are deducted from your paycheck on a pre-tax basis.

Note: Payroll deductions for domestic partner coverage may not be taken from your paycheck on a pre-tax basis.

Your total premium may vary based on your selected medical and vision plans.

Coverage Level	Family Size	Dental HMO	Dental PPO
Subscriber	1	No Additional Premium	\$4.50
Subscriber + 1	2	No Additional Premium	\$9.00
Subscriber + Family 3	3-5	No Additional Premium	\$15.00
Subscriber + Family 6	6+	No Additional Premium	\$15.00



Vision Plan Side-By-Side Comparison

STANDARD PLAN

- Wellvision Exam
 - **\$20 copay**
- Essential Medical Eye Care
 - **\$20 per exam**
- Frames
 - **\$130 allowance**
- Featured Frame Brands
 - **\$150 allowance**
- Costco frames
 - **\$70 allowance**
- Contacts; copay does not apply
 - **\$120 allowance**

PLUS PLAN

- Wellvision Exam
 - **\$10 copay**
- Essential Medical Eye Care
 - **\$20 per exam**
- Frames
 - **\$150 allowance**
- Featured Frame Brands
 - **\$170 allowance**
- Costco frames
 - **\$80 allowance**
- Contacts; copay does not apply
 - **\$150 allowance**
- Non-prescription sunglasses or non-prescription blue light filtering glasses instead of prescription glasses/contacts
 - **\$150 allowance**
- Choose **one** of the following upgrades:
 - Increase frame allowance to **\$250**
 - **Fully covered** premium or custom progressive lenses
 - **Fully covered** light-reactive lenses
 - **Fully covered** anti-glare coating
 - Increase contact lens allowance to **\$200**

Vision Plan Options

Teachers Health Trust and VSP currently provide you with a choice of two affordable vision plans. Opt for basic eye care essentials or elevate your coverage for enhanced eye care.

BENEFIT	DESCRIPTION	COPAY
STANDARD PLAN		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every plan year 	\$20 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$150 Featured Frame Brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$70 Costco frame allowance Every other plan year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every plan year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every plan year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year 	Up to \$60

ADDITIONAL SAVINGS (APPLIES TO BOTH PLANS)	Glasses and Sunglasses
	<ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses / sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
	Laser Vision Correction
	<ul style="list-style-type: none"> Average of 15% of the regular price; discounts available at contracted facilities.
	Exclusive Member Extras
	<ul style="list-style-type: none"> Contact lens rebates and more at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing.

BENEFIT	DESCRIPTION	COPAY
PLUS PLAN		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every plan year 	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Costco frame allowance Every plan year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every plan year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every plan year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year 	Up to \$60
VSP EASYOPTIONS*	<p>Vision Plus Members can choose one of these upgrades each plan year</p> <ul style="list-style-type: none"> Increase frame allowance to \$250 Fully covered premium or custom progressive lenses Fully covered light-reactive lenses Fully covered anti-glare coating Increase contact lens allowance to \$200 	Included in Prescription Glasses
VSP LIGHTCARE*	<ul style="list-style-type: none"> \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of glasses or contacts Every year 	\$0

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

*Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

*Coverage with a retail chain may be different or not apply.

Vision Plan Premiums

The vision insurance costs per pay period (twice monthly) are provided below. These amounts are deducted from your paycheck on a pre-tax basis.

Note: Payroll deductions for domestic partner coverage may not be taken from your paycheck on a pre-tax basis.

Your total premium may vary based on your selected medical and dental plans.

Coverage Level	Family Size	Vision Standard	Vision Plus
Subscriber	1	No Additional Premium	\$6.50
Subscriber + 1	2	No Additional Premium	\$12.50
Subscriber + Family 3	3-5	No Additional Premium	\$21.50
Subscriber + Family 6	6+	No Additional Premium	\$21.50



Life Insurance

Teachers Health Trust provides basic life insurance to all benefits-eligible employees at no extra cost through Lincoln Financial Group.

KEY BENEFIT

- The employee life benefit is \$50,000.
 - Please be sure to keep your beneficiary designations up to date in THT Member Portal.
 - The \$50,000 insurance is convertible. You can apply to convert the coverage to an individual whole life policy post-termination of active benefits.

ADDITIONAL BENEFITS

- FuneralPrep
- LifeKeys®
- TravelConnect®

Visit ththealth.org/life for further details on your life insurance benefits.

HOW TO UPDATE YOUR BENEFICIARIES

A life insurance beneficiary is an individual, entity, trustee, or estate named by the policy owner to collect the death benefit proceeds upon the insured's passing. There are two types of beneficiaries:

- Primary beneficiary: The first one in line to collect the death benefit upon the insured's death.
- Contingent beneficiary: Also known as a secondary beneficiary, is the second one in line to collect the benefit if the primary beneficiary is deceased.

1

LOG IN TO THE TEACHERS HEALTH TRUST MEMBER PORTAL

- Select Life Insurance.
- Click add or update beneficiary.

2

VIEW OR UPDATE THE BENEFICIARY INFORMATION

- Click add or update beneficiary.
- Enter name, personal information, address, phone number, and percentage for each beneficiary.

3

SAVE YOUR UPDATES

- Click the 'Done' button when finished.



Hospital Supplement Plan

This plan is intended for individuals already covered by another medical insurance provider. It also allows the option to include dental or vision coverage. For each day of overnight hospitalization or every 24-hour observation period that incurs room and board charges, you'll be reimbursed \$260, up to a lifetime maximum of 365 days.

ELIGIBILITY

- All active/suspended employees and COBRA participants
- Dependents are not eligible
- Retirees are not eligible

BENEFITS

- Reimbursement for eligible hospital stays
- \$50,000 Life Insurance Benefit
- Optional Dental Coverage (HMO or PPO)
- Optional Vision Coverage (Standard or Plus)

REIMBURSEMENT PROCESS

1. Send itemized hospital bill/EOB & receipt to THT within 12 months of discharge date.
2. THT will verify & send eligible reimbursements within 7-10 business days

Premiums

Note: Your total premium may vary based on your optional dental (pg. 15) and vision plans (pg. 18).

Employee Type	Family Size	Premium	Deduction
Active/Suspended Employee	1	\$0	Twice Monthly*
COBRA	1	\$717.56	Monthly

*A deduction from your paycheck will apply only if you add an optional dental or vision plan during enrollment.



Spousal & Domestic Partner Supplement Plan

This plan reimburses all in-network out-of-pocket expenses, including copays and coinsurances, for eligible employees who receive medical and pharmacy benefits through their partner.

ELIGIBILITY

- All active/suspended employees and COBRA participants
- Dependents are eligible
- Retirees are not eligible

BENEFITS

- The cost of in-network copays, coinsurances, and deductibles are eligible for reimbursement.
- \$50,000 Life Insurance Benefit for Subscriber
- Optional Dental Coverage (HMO or PPO)
- Optional Vision Coverage (Standard or Plus)

REIMBURSEMENT PROCESS

1. Submit receipt & EOBs in the THT Member Portal after you receive care within 180 days of issued date on EOB.
2. Receive reimbursement for all copays and coinsurances for in-network providers

Premiums

Note: Your total premium may vary based on your optional dental (pg. 15) and vision plans (pg. 18).

Employee Type	Family Size	Premium	Deduction
Active/Suspended Employee	Any Size	\$0	Twice Monthly*
COBRA	1	\$717.56	Monthly

*A deduction from your paycheck will apply only if you add an optional dental or vision plan during enrollment.

Accessing Care Options

Learn everything you need to know about utilizing your health plan benefits.



INSURANCE CARDS



HEALTH CARE ROADMAP



CARE OPTIONS



COVERED SERVICES



EXCLUSIVES

Insurance Card Information

Our partners are transitioning to a digital-only format, eliminating the issuance of physical cards. Utilize the digital options to experience the same benefits without the hassle of carrying physical cards.



MEDICAL

Download the UMR app from the AppStore or GooglePlay to access your digital insurance card. If you haven't registered your account yet, please do so.



DENTAL

Access your digital insurance card via myCigna. If you haven't already, please register your account.



VISION

Provide your vision provider with your social security number to access your benefits. You can also create an account on VSP.com.



Healthcare Roadmap

Please review these health care roadmaps to help guide you in receiving care efficiently and affordably:

I NEED MEDICAL CARE



I NEED BEHAVIORAL CARE



ER VS Urgent Care

Learn when and where to get care

For true medical emergencies, visit your nearest Hospital Emergency Room, free-standing Emergency Room or call 9-1-1.

For non-life-threatening situations, using an in-network Urgent Care will reduce your out-of-pocket expenses. To differentiate between an Urgent Care and a free-standing Emergency Room, ensure the building's exterior displays "Urgent"

Emergency

Visit for:

- Chest pain
- Vomiting blood or bloody diarrhea
- Serious burns
- Loss of consciousness
- Difficulty breathing or shortness of breath
- Difficulty speaking, slurred speech, or sudden severe headache
- Severe injuries like broken bones and head injuries, or injuries that came from an accident or fall, like intense back or neck pain, fractures and dislocations of bones, deep cuts, or severe burns
- Fainting or weakness on one side of your body or face
- Poisoning or exposure to dangerous chemicals
- Seizures lasting longer than five minutes or new onset seizures
- Suicidal or homicidal feelings



Receiving care from an ER, whether it's attached to a hospital or in a separate building, will be covered under your ER benefits.

Urgent

Visit for:

- Sore throat, ear/sinus infection
- Rash without fever
- Cold and Flu Symptoms
- Sprains and muscular issues
- Possible UTI or Yeast Infection

 [Urgent Care Search](#)

Urgent Care that comes to you:

[DispatchHealth](#) | [Doctoroo](#)



Receiving care from Urgent Care, whether in a traditional setting or at home, will fall under your urgent care benefits.

Convenient & Affordable Care Options for You

TELEHEALTH



MDLive

MDLive offers more than just medical care such as mental/behavioral health, psychiatry, primary care, and dermatology. Learn more on [mdlive.com](https://www.mdlive.com) and download the app to get started.



NowClinic

NowClinic allows for members to talk to a healthcare provider through video, chat, phone, and mobile devices. Learn more on [nowclinic.com](https://www.nowclinic.com) and download the app to get started.

AT-HOME URGENT CARE



DispatchHealth

An urgent care option that comes directly to your home. Available 8:00 a.m. - 10:00 p.m., 365 days a year. Call (702) 848-4443 or visit [dispatchhealth.com](https://www.dispatchhealth.com).



Doctoroo

An urgent care option that comes directly to your home. Available 7:00 a.m. - 12:00 a.m., 365 days a year. Call (702) 664-8401 or visit [doctoroo.com](https://www.doctoroo.com).

Programs for You

If you are enrolled in Teachers Health Trust, you are eligible for several important services at no extra cost

HEALTH IMPROVEMENT BENEFIT

THT provides a Health Improvement Benefit to employees enrolled in either medical plan or supplement plans. This benefit covers up to \$50 per plan year for specified health improvement programs and activities:

- Health club memberships
- Personal Training
- Tobacco prevention counseling and education
- Weight management support groups

Claims and itemized receipts must be submitted within six (6) months of receipt date. To download the form, visit ththealth.org/forms. The Health Improvement Benefit is not available to dependents unless the dependent is also a benefit eligible employee.

HEALTH EDUCATION & WELLNESS PROGRAMS

We offer health education and wellness programs at no cost to you and your family designed to support and educate our subscribers and their dependents on reducing the risks when managing or preventing chronic diseases.

- Pre-diabetes
- Diabetes Type 1 & 2
- Heart health
- Kidney health
- Asthma
- Tobacco cessation
- Health Education & Wellness
- Weight management
- Nutrition

We encourage you to enroll by calling 702-877-5356 or 800-720-7253 (toll free).

Exclusives

Please review the following exclusive providers that offer quality care conveniently and affordably.

QUEST DIAGNOSTICS

Please visit Quest Diagnostics for all your lab work needs or request your lab work to be sent to Quest Diagnostics as we have an exclusive agreement with them. With the Signature plan, there's a \$0 copay.

If you choose a different lab, you'll be responsible for the full payment unless the service is not provided by Quest Diagnostics and is a covered benefit. Ensure your labs are sent correctly by requesting the blood work order page from your doctor's office after your appointment.

STEINBERG DIAGNOSTIC MEDICAL IMAGING

For members in Clark and Nye County, Steinberg Diagnostic Medical Imaging is our exclusive provider for all imaging services. Educators benefit from flexible scheduling, including weekends. With the Signature plan, there's a \$0 copay.

Schedule your appointments conveniently online at sdmi-lv.com.

Participants under the Advantage Plan have financial responsibility towards non-preventive services until their plan year deductible has been met.



Covered Services

Preventive care services vary by age and gender. We recommend speaking with your provider to determine which are recommended for you and your family.

ANNUAL PREVENTIVE SERVICES COVERED AT 100%

- Physical examinations
- Pelvic examinations and pap smears
- Hearing and vision screenings
- Mammograms
- Cardiovascular screening blood tests
- Colorectal cancer screening tests
- Vaccinations and immunizations recommended by your physician
- BRCA1 and BRCA2 when medically indicated
- Prostate cancer screening (digital rectal examination)
- Nutritional Counseling

COVERED LABORATORY TESTS

The following laboratory tests are allowed one time per year and covered at 100% when ordered by your provider.

- CBC (Complete Blood Count with Differential)
- CMP (Comprehensive Metabolic Panel)
- Lipid panel (Cholesterol/LDL/HDL/Triglycerides)
- TSH (Highly Sensitive Thyroid -Stimulating. Hormone)

The following screenings are allowed one time per year for high-risk individuals:

- Hepatitis B screening
- Hepatitis C screening
- HIV screening
- Syphilis screening

For more information please call THT at 702-794-0272, option 1 or visit [healthcare.gov](https://www.healthcare.gov) for a list of recommended preventive care services at [healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/).

Eligibility

If you do not enroll eligible dependents at the time of hire, you must wait until the next Open Enrollment period, unless you experience a qualifying life event.

ELIGIBLE EMPLOYEES

- Licensed Clark County School District (CCSD) employees on the teacher's salary schedule who are eligible to be represented by the Clark County Education Association (CCEA).
- CCSD licensed employees teaching at participating charter schools.
- Employees of CCEA or Teachers Health Trust.
- Active community representatives serving as Trustees on the Teachers Health Trust Board.

Benefits are effective on the 1st of the month following the employee's date of hire¹.

ELIGIBLE DEPENDENTS

- Your legal spouse.
- Your Registered Domestic Partner (RDP).
- Your biological or adopted child, up to the month in which they attain age 26.
- Your disabled child 26 or older with confirmed disabled dependent certification and recertification by health insurance carrier prior to attaining 26 years of age.
- Your stepchildren up to age 26 (so long as you are legally married to their parent) .
- Your RDP's biological children up to age 26.
- Children up to age 26 who live with you for whom you have legal custody or court-approved guardianship (until custody / guardianship expires).

ELIGIBLE RETIREES

- Are under 65 years of age.
- Retire from active CCSD employment aged 52 or older on the day of retirement.
- Have been continuously enrolled in a THT medical plan for at least 5 consecutive years prior to retirement.
- Were employed by CCSD at any point between Fall 2007 and Spring 2014.
- Are eligible for Public Employees' Retirement System (PERS) at the time of retirement.
- Enroll in the health plan within 30 days of retiring from CCSD.

All qualified retirees who enroll in the Teachers Health Trust Retiree plan receive a \$10,000 term life insurance policy. For more details about retiree benefits, call (702) 794-0272, option 3 or send a secure message via the THT Member Portal.

¹Benefits for CCSD employees newly-hired in July will be effective from September 1.

Enrolling Dependents

DOCUMENTATION REQUIREMENTS FOR ENROLLING DEPENDENTS

Teachers Health Trust (THT) requires supporting documentation to establish a dependent's eligibility for coverage. THT has the right to request documentation as often as deemed necessary. A dependent's coverage will be removed or denied if the employee:

- Does not provide all documentation requested, and/or
- Does not respond to the Eligibility and Enrollment department within 31 days of enrollment.
- Social Security numbers must be provided during enrollment for all family members enrolled in THT benefits coverage.

SUPPORTING DOCUMENTS

Spouse

- Copy of certified marriage certificate or
- Most recent tax return with a signed affidavit

Registered Domestic Partner

- Copy of a Certificate of State Registered Domestic Partnership.

Child

- Copy of certified birth certificate
- Hospital birth confirmation (Newborn Only)
- Relevant additional documentation for the following:

Adopted Child

- Adoption Decree signed by Judge

Stepchild

- Copy of certified birth certificate
- Copy of marriage certificate/domestic partner certificate

Disabled child over age 26

- Copy of certified birth certificate
- Certification of Disabled Dependent Child

Permanent legal guardianship

- Copy of legal guardianship papers signed by a Judge

Please ensure that all documents from other languages are kindly translated into English.

How-to Enroll

PRIOR TO ENROLLING

Before enrolling, read this guide carefully and consider your choices. After your enrollment period ends, you will not be able change your benefit elections until the next Open Enrollment period unless you experience a Qualifying Life Event.

FOLLOW THESE STEPS TO ENROLL IN BENEFITS:

- 1 ENROLL ONLINE ON THE THT ENROLLMENT PORTAL**
enrollment.ththealth.org
- 2 SELECT THE LINK FOR THE APPROPRIATE MEMBER TYPE**
- 3 ENTER YOUR CREDENTIALS TO RECEIVE AN AUTHENTICATION CODE**
- 4 COMPLETE THE 6 STEPS TO FINALIZE YOUR ENROLLMENT SELECTIONS.**

WHEN COVERAGE BEGINS

If all enrollment requirements are completed on time, coverage begins on the following dates.

- New hire/rehire: Benefits are effective on the 1st of the month following the employee's date of hire. Benefits for CCSD employees newly-hired in July will be effective from September 1.
- Open Enrollment: The elections you make during annual Open Enrollment become effective October 1.

Enrollment Policies

AUTO-ENROLLMENT

If you are newly hired and don't make a health benefits selection or waive them within 31 days of your hire date, you will be automatically enrolled in the Medical Signature plan, Dental HMO plan, and the Vision Standard plan.

DUAL DISTRICT

Benefits for Married or Registered Domestic Partner Employees

- THT offers reduced premiums when two active, benefits-eligible, licensed employees from CCSD, participating Charter schools, CCEA, or THT combine health plans.
- One employee must be designated as the primary policyholder*; the other becomes a dependent, enabling both to benefit from the reduced premium.

**CCSD school administrators, support staff, and police cannot serve as the primary policyholder*

To enroll, complete the Dual District Employees Enrollment Form available at ththealth.org/forms.

The primary policyholder should then submit the form via the THT Member Portal.

[Message Center – Compose – Contact Reason – Eligibility/Enrollment]

MAKING CHANGES MID-YEAR

Due to IRS regulations, once you have made your elections for the current plan year, you cannot change your benefits until the next annual open enrollment period. Outside this period, changes can only be made if you experience a Qualified Life Event (QLE).

Election changes must be completed through the THT Member Portal within 31 days of the life event, including uploading any required supporting documentation.

Qualifying Life Events (QLE) include, but are not limited to:

- Marriage, divorce, legal separation, annulment, death of a spouse.
- Establishing or ending a domestic partnership.
- Birth*, adoption, placement for adoption, legal guardianship, change in legal custody.
- Loss of other group coverage.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

**Please note newborns are not automatically added to your coverage. You must act by the 31st day from the date of birth to enroll your newborn.*

Enrollment Policies

OUT-OF-AREA BENEFIT

Primary Members In Clark and Nye County

For those living in Clark County and Nye County, the best benefits come from the In-Area plan via the Sierra Healthcare Options (SHO) network. To benefit from the In-Area copays and coinsurance, make sure to use the SHO network.

Residents of Clark County or Nye County can use the United Healthcare Choice (UHC) Plus network in the following situations:

1. A physician refers to a medically necessary service or procedure.
2. The service is emergent.

Please note: If a UHC provider located in Clark County is seen, it won't be covered unless it falls into one of the situations above.

If a UHC provider outside of Clark County is seen, the Out of Area network benefit will apply.

Primary Members In Clark and Nye County

If you live outside of Clark County, you can access the United Healthcare Choice (UHC) Plus network at the In-Area benefit.

Your accessible network is based on the zip code we have registered for you. If you're listed under a zip code in Clark County or Nye County, the Sierra Healthcare Options (SHO) network provides the best benefits for you.

Benefit Details

The Out-of-Area benefit is available for dependents living outside of Clark County.

If you, the primary member, resides in Clark County but have a dependent (e.g., a college student) living outside the county, they can access the United Healthcare Choice (UHC) Plus network at the In-Area benefit rate.

To qualify for this benefit, members must inform the Teachers Health Trust Team by completing the provided form. Please make sure to submit this form within 10 business days of any address change.

Disclaimer: Out of area benefit is only available to members who notify Teachers Health Trust Team by filling out this form. Please ensure you fill out this form within 10 business days of your address change.

The Out-of-Area Eligibility Form is available at ththealth.org/forms

New Hire Checklist

New hires enrolling in THT benefits will have an effective coverage date of the first of the month following their hire date unless you are a summer new hire.

- Summer new hires are effective on September 1, 2023.
- Open Enrollment updates will be effective on October 1, 2023.

The following are eligible to be added to your health plan:

- Legal spouses or state registered domestic partners.*
- Children up to age 26 including a stepchild, legally adopted child, adopted child, a child for whom you are the legal guardian, children of a domestic partner that meet the eligibility requirements.
- Children of any age who are physically or mentally unable to care for themselves.

*Deductions for your domestic partner are made on a post-tax basis.

BEFORE YOUR FIRST DAY



Review your benefit options at ththealth.org/newhire



Gather any required documents if you plan to add dependents to your plan.

ON YOUR FIRST DAY



*Enroll for your health benefits within 31 days (enrollment.ththealth.org)



Designate your Warrant & Benefits Beneficiary in the HCM Portal.

AFTER YOUR FIRST DAY



Register for your THT Member Portal (members.ththealth.org)



Visit our FAQ page and review (ththealth.org/faq)



Visit our Life Event page to learn how to make mid-year benefit changes (ththealth.org/lifeevent)

*If you do not enroll for your health benefits, you will be auto-enrolled in the Signature Plan with the Dental DHMO Plan and the Vision Standard Plan 30 days after your hire date.

Final Steps

Now that you understand how to use your benefits, it's time to make your accounts and begin utilizing and keeping track of your healthcare.



THT MEMBER PORTAL

Access secure messaging and manage your healthcare plan.



UMR PORTAL

Access EOBs and other important healthcare information



MYCIGNA PORTAL

Access your dental healthcare information and manage your dental plan



CERPASSRX

Access to Rx information such as prescription search, generic alternatives, etc.



MDLIVE

Access to quick and convenient virtual healthcare when you need it most.



NOW CLINIC

Access to quick and convenient virtual healthcare when you need it most.



BHO CONCIERGE ASSISTANCE

Assistance in finding behavioral/mental healthcare. Call (702) 243-4682.



Glossary of Healthcare Terms

Allowable amount: The dollar amount typically considered payment in full by an insurance company and an associated network of health care providers.

Benefit: The health care items or services covered under a health insurance plan. Covered benefits and excluded services are defined in the health insurance plan's coverage documents.

Claim: A request for payment that you or your health care provider submits to your health insurer when you get items or services you think are covered.

COBRA: A federal law that may allow you to temporarily keep health coverage after your employment ends, you lose coverage as a dependent of the covered employee, or another qualifying event. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including the share the employer used to pay, plus a small administrative fee.

Coinsurance: The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Copayment: A flat fee that you pay toward the cost of covered medical services.

Covered Expenses: Health care expenses that are covered under your health plan.

Deductible: A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent: Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

Generic Drug: A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand-name drugs.

High Deductible Health Plan (HDHP): A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

In-network: Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

In-network Coinsurance: The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network coinsurance usually costs you less than out-of-network coinsurance.

Inpatient: A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary: Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease, or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as a convenience; and (5) are considered the most appropriate care available.

Member: You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-network: Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-pocket Expense: Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.

Out-of-pocket Maximum (OOPM): The highest out-of-pocket amount paid for covered services during a benefit period.

Pharmacy Benefit Manager (PBM): Pharmacy Benefit Managers (PBMs) are your advocates in the health care system, working to lower prescription drug costs for patients and health insurance plans across the country.

Premium: The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

Preauthorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Primary Care Physician (PCP): A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

COBRA Premiums

Effective 1/1/2024

The premiums outlined below indicate monthly costs, which may vary depending on your selected dental and vision plans.

Coverage Level	Family Size	MEDICAL PLANS		SUPPLEMENT PLANS	
		Signature Plan	Advantage Plan	Hospital Supplement	Spousal / DP Supplement
Subscriber Only	1	\$784.07	\$768.35	\$752.00	\$752.00
Subscriber + 1	2	\$1,267.16	\$1,246.20	No Coverage	-
Subscriber + Family 3	3-5	\$1,736.52	\$1,483.95	No Coverage	-
Subscriber + Family 5	6 or more	\$1,908.85	\$1,509.80	No Coverage	-

Coverage Level	Family Size	DENTAL PLANS	
		Dental HMO	Dental PPO
Subscriber	1	No Additional Premium	\$10.53
Subscriber + 1	2	No Additional Premium	\$20.00
Subscriber + Family 3	3-5	No Additional Premium	\$35.03
Subscriber + Family 6	6+	No Additional Premium	\$35.03

Coverage Level	Family Size	VISION PLANS	
		Vision Standard	Vision Plus
Subscriber	1	No Additional Premium	\$13.26
Subscriber + 1	2	No Additional Premium	\$25.50
Subscriber + Family 3	3-5	No Additional Premium	\$43.86
Subscriber + Family 6	6+	No Additional Premium	\$43.86

Online payments now accepted. Please contact us for an invoice by calling (702) 794-0272 (select option 8) or by emailing a specialist at cobra@ththealth.org.

Note: COBRA premiums are due on the 20th of the month prior to the month of coverage, you will have a maximum 30-calendar-day grace period from the due date during which to make these premium payments.

If applicable payment is not made in full within the grace period, coverage will be cancelled retroactive to the end of the last month in which a premium payment was made. Once COBRA coverage is cancelled, you will not be reinstated.